

M24000012634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

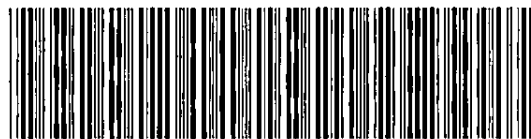
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CORPORATE
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236 East 6th Avenue, Tallahassee, Florida 32303
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FOREIGN LLC

1. CORINTHIA MANAGEMENT (US) LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____

(CORPORATE NAME AND DOCUMENT #)

3. _____

(CORPORATE NAME AND DOCUMENT #)

4. _____

(CORPORATE NAME AND DOCUMENT #)

5. _____

(CORPORATE NAME AND DOCUMENT #)

6. _____

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Corinthia Management (US) LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. State of Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/01/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 477 Madison Avenue, 2nd floor, New York, NY 10022 6. 477 Madison Avenue, 2nd floor, New York, NY 10022
(Street Address of Principal Office) (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Universal Registered Agents, Inc.

Office Address: 1317 California Street

Tallahassee, Florida 32304
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/s/ Kent Rockwell

(Registered agent's signature)

Kent Rockwell, VP

2024-03-17 14:20

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Ian Fowler</u>	<input type="checkbox"/> Manager	Name: <u>Mark Flessner</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>477 Madison Avenue, 2nd floor</u>	<input type="checkbox"/> Authorized	<u>477 Madison Avenue, 2nd floor</u>
Person	<u>New York, NY 10022</u>	Person	<u>New York, NY 10022</u>
<input checked="" type="checkbox"/> Other <u>senior officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>senior officer</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Brian Baldwin</u>	<input type="checkbox"/> Manager	Name: <u>Sunny Khorana</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>477 Madison Avenue, 2nd floor</u>	<input type="checkbox"/> Authorized	<u>477 Madison Avenue, 2nd floor</u>
Person	<u>New York, NY 10022</u>	Person	<u>New York, NY 10022</u>
<input checked="" type="checkbox"/> Other <u>senior officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>senior officer</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Salman Muktar</u>	<input type="checkbox"/> Manager	Name: <u>Kelsey Tucker</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>477 Madison Avenue, 2nd floor</u>	<input type="checkbox"/> Authorized	<u>477 Madison Avenue, 2nd floor</u>
Person	<u>New York, NY 10022</u>	Person	<u>New York, NY 10022</u>
<input checked="" type="checkbox"/> Other <u>senior officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>senior officer</u>	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b) Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of authorized person

Ian M Fowler

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CORINTHIA MANAGEMENT (US) LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF OCTOBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CORINTHIA MANAGEMENT (US) LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF FEBRUARY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

3186226 8300

SR# 20243849251

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204539012

Date: 10-02-24